

10/1/96

MINING & NONPOINT SOURCE SECTION COALBED METHANE DISCHARGE **EFFLUENT** MONITORING REPORT (DMR)

NPDES # AL???????

???COMPANY NAME???

???FACILITY NAME???

???ADDRESS???

DSN 0?? Effluent End-of-Pipe, ?????

??county?? County

Ptype 60

(???) ???-????

= Data Not Required

Year

1st Qtr

2nd Qtr

3rd Qtr

4th Qtr

Month

Jan-Feb-Mar

Apr-May-Jun

Jul-Aug-Sep

Oct-Nov-Dec

\* See Permit

| PARAM   | Effluent Flow | pH    | Fe, Tot | Mn, Tot | BOD <sub>5</sub> | Cl, Eff | Cl, Ins | DO, Dis | DO, Ins | Effluent Cond | Toxicity  | O&G  |
|---------|---------------|-------|---------|---------|------------------|---------|---------|---------|---------|---------------|-----------|------|
| MIN     |               | 6.0   |         |         |                  |         |         | *       | *       |               | *         |      |
| AVG     | Mon           |       | 3.0     | 2.0     | 30.0             | Mon     | *       |         |         | *             | *         |      |
| MAX     | Mon           | 9.0   | 6.0     | 4.0     | 45.0             | 230     | 230     |         |         | *             | Pass/Fail | 15.0 |
| UNITS   | mgd           | s.u.  | mg/l    | mg/l    | mg/l             | mg/l    | mg/l    | mg/l    | mg/l    | umhos/cm      | *         | mg/l |
| FREQ    | cont          | 1/day | 1/wk    | 1/wk    | 1/wk             | 1/wk    | *       | *       | *       | *             | 1/qtr     | 1/wk |
| 1       |               |       |         |         |                  |         |         |         |         |               |           |      |
| 2       |               |       |         |         |                  |         |         |         |         |               |           |      |
| 3       |               |       |         |         |                  |         |         |         |         |               |           |      |
| 4       |               |       |         |         |                  |         |         |         |         |               |           |      |
| 5       |               |       |         |         |                  |         |         |         |         |               |           |      |
| 6       |               |       |         |         |                  |         |         |         |         |               |           |      |
| 7       |               |       |         |         |                  |         |         |         |         |               |           |      |
| 8       |               |       |         |         |                  |         |         |         |         |               |           |      |
| 9       |               |       |         |         |                  |         |         |         |         |               |           |      |
| 10      |               |       |         |         |                  |         |         |         |         |               |           |      |
| 11      |               |       |         |         |                  |         |         |         |         |               |           |      |
| 12      |               |       |         |         |                  |         |         |         |         |               |           |      |
| 13      |               |       |         |         |                  |         |         |         |         |               |           |      |
| 14      |               |       |         |         |                  |         |         |         |         |               |           |      |
| 15      |               |       |         |         |                  |         |         |         |         |               |           |      |
| 16      |               |       |         |         |                  |         |         |         |         |               |           |      |
| 17      |               |       |         |         |                  |         |         |         |         |               |           |      |
| 18      |               |       |         |         |                  |         |         |         |         |               |           |      |
| 19      |               |       |         |         |                  |         |         |         |         |               |           |      |
| 20      |               |       |         |         |                  |         |         |         |         |               |           |      |
| 21      |               |       |         |         |                  |         |         |         |         |               |           |      |
| 22      |               |       |         |         |                  |         |         |         |         |               |           |      |
| 23      |               |       |         |         |                  |         |         |         |         |               |           |      |
| 24      |               |       |         |         |                  |         |         |         |         |               |           |      |
| 25      |               |       |         |         |                  |         |         |         |         |               |           |      |
| 26      |               |       |         |         |                  |         |         |         |         |               |           |      |
| 27      |               |       |         |         |                  |         |         |         |         |               |           |      |
| 28      |               |       |         |         |                  |         |         |         |         |               |           |      |
| 29      |               |       |         |         |                  |         |         |         |         |               |           |      |
| 30      |               |       |         |         |                  |         |         |         |         |               |           |      |
| 31      |               |       |         |         |                  |         |         |         |         |               |           |      |
| Max     |               |       |         |         |                  |         |         |         |         |               |           |      |
| Mth Avg |               |       |         |         |                  |         |         |         |         |               |           |      |

I certify under penalty of law that this document and all attachments were prepared under my direction/supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name & Title of Responsible Official \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_